Case 20-20419-JKS Doc 96 Filed 02/01/24 Entered 02/01/24 09:35:30 Desc Main Document Page 1 of 7

Fill in this information to identify your case:							
Debtor 1	Brenda Gilbert First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY					
Case number 2 (if known)	0-20419						

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

t 1: Summarize Your Assets		
		assets e of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	210,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	31,520.0
1c. Copy line 63, Total of all property on Schedule A/B	\$	241,520.0
t 2: Summarize Your Liabilities		
		liabilities unt you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	305,618.28
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	25,539.23
Your total liabilities	\$	331,157.49
t 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,406.8
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,818.5
4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other s	schedules.
■ Yes What kind of debt do you have?		
	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Brenda Gilbert Case number (if known) 20-20419

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$_____3,312.27

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill	in this information to identify your ca	ase:				
Del	btor 1 Brenda Gil	bert		_		
1 -	btor 2 puse, if filing)			-		
Uni	ited States Bankruptcy Court for the	: DISTRICT OF NEW	JERSEY	_		
Ca	se number 20-20419			Chec	k if this is:	
(If kı	nown)		_	■ A	n amende	d filing
						ent showing postpetition chapter as of the following date:
0	fficial Form 106l			N	IM / DD/ Y	YYY
S	chedule I: Your Inc	ome				12/1
	ch a separate sheet to this form. It 1: Describe Employment Fill in your employment		Debtor 1			or non-filing spouse
	information.				☐ Emplo	<u> </u>
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed		☐ Not e	
	employers.	Occupation	Retired			
	Include part-time, seasonal, or self-employed work.	Employer's name	On Social Security			
	Occupation may include student or homemaker, if it applies.	Employer's address				
		How long employed t	here?			
Pa	rt 2: Give Details About Mor	nthly Income				
Esti	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for ar	ny line, write	\$0 in the	space. Include your non-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information for all en	nployers for	that perso	n on the lines below. If you need
				For Del	otor 1	For Debtor 2 or

non-filing spouse **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 0.00 N/A 2. Estimate and list monthly overtime pay. 0.00 N/A +\$ 3. Calculate gross Income. Add line 2 + line 3. 0.00 N/A

Schedule I: Your Income Official Form 106I page 1

Deb	tor 1	Brenda Gilbert		(Case number (if ki	nown)	20-20)419			
					For Debtor 1			Debtor filing s			
	Сор	y line 4 here	4.		\$ 0	.00	\$	illing 5		/A	
E	Liet										
5.	5a. 5b.	all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b			.00	\$			/ <u>A</u> /A	
	5c. 5d. 5e.	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5c. 5d 5e		\$ 0	.00	\$ \$ \$		N	/A /A /A	
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f. 5g 5h		\$ 0	.00	\$ - + \$		N	/A /A /A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$0	.00	\$		N	/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$0	.00	\$		N	/A_	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
	8b.	monthly net income. Interest and dividends	8a 8b			.00	\$ \$			/A /A	
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d		·	.00	\$			<u>/A</u> /A	
	8e.	Social Security	8e		\$ 2,299		\$			/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0	.00	\$		N	/A	
	8g.	Pension or retirement income	8g		\$ 3,107		\$			/ <u>A</u>	
	8h.	Other monthly income. Specify:	_ 8h	.+	\$0	.00	+ \$		N	/ <u>A</u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,406	.84	\$]	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	5,406.84	+ \$		N/A	= \$	5,4	06.84
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		. ,			chedule 11.			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$_	•	06.84
										bined thly in	
13.	Do y	you expect an increase or decrease within the year after you file this form? No.	?							····	
		Yes. Explain:									

Fill	in this information	on to identify yo	our case:						
Deb	otor 1	Brenda Gil	bert			Ch	eck if thi	is is:	
Dok	otor 2							nended filing	
	ouse, if filing)					Ц			ving postpetition chapter the following date:
Uni	ited States Bankru	otcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / I	DD / YYYY	
Cas	se number 20-	-20419							
(If k	known)								
0	fficial For	m 106J							
S	chedule	J: Your	Exper	ises					12/1
Be	as complete ar	nd accurate as re space is ne	possible.	If two married people ar ch another sheet to this					
Pai	rt 1: Describ	case?	ehold						
'.	■ No. Go to I	ine 2.	in a senar	ate household?					
	□ No		•	al Form 106J-2, <i>Expenses</i>	of the state of th	ehold of De	ebtor 2.		
2.	Do you have	dependents?	□ No						
	Do not list Del Debtor 2.	otor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		De ag	ependent's Je	Does dependent live with you?
	Do not state th								□ No
	dependents n	ames.			Son		24	4	■ Yes □ No
									☐ Yes
									□ No
									☐ Yes ☐ No
									□ Yes
3.	expenses of	enses include people other t your depende	han $_{\square}$	No Yes					
Est	timate your exp		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the		assistance an		government assistance i luded it on <i>Schedule I:</i> \				Your expe	enses
,		•							
4.		home owners any rent for the		ses for your residence. I r lot.	nclude first mortgage	4.	\$		2,178.54
	If not include	d in line 4:							
		tate taxes				4a.			0.00
		y, homeowner's		's insurance Ipkeep expenses		4b. 4c.			0.00
	4d. Homeo	wner's associat	tion or con	dominium dues		4d.	\$		0.00
5.	Additional m	ortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$		0.00

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otor1 Brenda Gilbert	Case number (if known	20-20419
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	300.00
6b. Water, sewer, garbage collection	6b. \$	90.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	200.00
6d. Other. Specify:	6d. \$	0.00
· · ·	'	
Food and housekeeping supplies	7. \$	715.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	75.00
Personal care products and services	10. \$	20.00
Medical and dental expenses	11. \$	125.00
Transportation. Include gas, maintenance, bus or train fare.	_	
Do not include car payments.	12. \$	200.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
Charitable contributions and religious donations	14. \$	50.00
Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance		
15c. Vehicle insurance	·	
	·	
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16. \$	0.00
Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: Pays to use son's car	17c. \$	400.00
17d. Other. Specify: Pays toward son's car insurance	17d. \$	250.00
Your payments of alimony, maintenance, and support that you did not report		
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106		0.00
Other payments you make to support others who do not live with you.	\$	0.00
		0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on So		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	00- ft	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Others Creation 7 at a Maintenance	21. +\$	40.00
Other: Specify: Auto Maintenance	21. γ	10:00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	4,818.54
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-		·
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,818.54
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	220 ¢	F 406 04
	23a. \$	5,406.84
23b. Copy your monthly expenses from line 22c above.	23b\$	4,818.54
23c. Subtract your monthly expenses from your monthly income.	222	588.30
The result is your monthly net income.	23c. \$	388.30
Do you expect an increase or decrease in your expenses within the year after For example, do you expect to finish paying for your car loan within the year or do you expect y modification to the terms of your mortgage?		crease or decrease because of
No		
■ No.		

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Fill in this information to identify your case:						
Debtor 1	Brenda Gilber					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JERS	EY			
Case number	20-20419					
(if known)		_				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Die	d you pay or agree to pay someone who is NOT	attorney to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read t it they are true and correct.	e summary and schedules filed with this declaration and
X	/s/ Brenda Gilbert	x
	Brenda Gilbert Signature of Debtor 1	Signature of Debtor 2
	Date February 1, 2024	Date